



PART B - FEE(S) TRANSMITTAL

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7590

10/06/2009

Elsa Keller, Legal Administrator
Siemens Corporation
Intellectual Property Department
170 Wood Avenue South
Iselin, NJ 08830

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<i>Yicki Chia</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
1/5/10	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/396,486

09/14/1999

JOSEPH URBANO

9994-8US

7505

TITLE OF INVENTION: MEDICAL DIAGNOSTIC ULTRASOUND SYSTEM AND METHOD

01/06/2010 RNEBRAH1 00000007 192179 09396486

01 FC:1501 1510.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/06/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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RAMIREZ, JOHN FERNANDO

3737

600-437000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Siemens Medical Solutions USA, Inc.

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 1/5/10Typed or printed name Jenny G. KoRegistration No. 44,190

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